

• Clinical situations for which radiographs may be indicated include:

- A. Positive Historical Findings
 1. Previous periodontal or endodontic therapy
 2. History of pain or trauma
 3. Familial history of dental anomalies
 4. Postoperative evaluation of healing
 5. Presence of implants.
- B. Positive Clinical Signs/Symptoms
 1. Clinical evidence of periodontal disease
 2. Large or deep restorations
 3. Deep carious lesions
 4. Malposed or clinically impacted teeth
 5. Swelling
 6. Evidence of facial trauma
 7. Mobility of teeth
 8. Fistula or sinus tract infection
 9. Clinically suspected sinus pathology
 10. Growth abnormalities
 11. Oral involvement in known or suspected systemic disease
 12. Positive neurologic findings in the head and neck
 13. Evidence of foreign objects
 14. Pain and/or dysfunction of the temporomandibular joint
 15. Facial asymmetry
 16. Abutment teeth for fixed or removable partial prosthesis
 17. Unexplained bleeding
 18. Unexplained sensitivity of teeth
 19. Unusual eruption, spacing or migration of teeth
 20. Unusual tooth morphology, calcification or color
 21. Missing teeth with unknown reason.

† Patients at high risk for caries may demonstrate any of the following:

1. High level of caries experience
2. History of recurrent caries
3. Existing restoration of poor quality
4. Poor oral hygiene
5. Inadequate fluoride exposure
6. Prolonged nursing (bottle or breast)
7. Diet with high sucrose frequency
8. Poor family dental health
9. Developmental enamel defects
10. Developmental disability
11. Xerostomia
12. Genetic abnormality of teeth
13. Many multisurface restorations
14. Chemo/radiation therapy.

Guidelines for Prescribing Dental Radiographs

Patient Category	Child	Adolescent	Adult	
New patient* All new patients to assess dental diseases and growth and development	<p>Primary Dentition (prior to eruption of first permanent tooth)</p> <p>Posterior bite-wing examination if proximal surfaces of primary teeth cannot be visualized or probed</p>	<p>Transitional Dentition (following eruption of first permanent tooth)</p> <p>Individualized radiographic examination consisting of peri-apical/occlusal views and posterior bite-wings or panoramic examination and posterior bite-wings</p>	<p>Dentulous</p> <p>Individualized radiographic examination consisting of posterior bite-wings and selected periapicals. A full mouth intraoral radiographic examination is appropriate when the patient presents with clinical evidence of generalized dental disease or a history of extensive dental treatment.</p>	<p>Edentulous</p> <p>Full mouth intraoral radiographic examination or panoramic examination</p>
	<p>Recall patient* Clinical caries or high-risk factors for caries†</p>	<p>Posterior bite-wing examination at 6-month intervals or until no carious lesions are evident</p>	<p>Posterior bite-wing examination at 6- to 12-month intervals or until no carious lesions are evident</p>	<p>Posterior bite-wing examination at 12- to 18-month intervals</p>
No clinical caries and no high-risk factors for caries†	<p>Posterior bite-wing examination at 12- to 24-month intervals if proximal surfaces of primary teeth cannot be visualized or probed</p>	<p>Posterior bite-wing examination at 18- to 36-month intervals</p>	<p>Posterior bite-wing examination at 24- to 36-month intervals</p>	<p>Not applicable</p>
	<p>Periodontal disease or a history of periodontal treatment</p>	<p>Individualized radiographic examination consisting of selected periapical and/or bite-wing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically</p>	<p>Individualized radiographic examination consisting of selected periapical and/or bite-wing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically</p>	<p>Not applicable</p>
Growth and development assessment	<p>Usually not indicated</p>	<p>Individualized radiographic examination consisting of a periapical/occlusal or panoramic examination</p>	<p>Periapical or panoramic examination to assess developing third molars</p>	<p>Usually not indicated</p>

The recommendations contained in this table were developed by an expert dental panel comprised of representatives from the Academy of General Dentistry, American Academy of Dental Radiology, American Academy of Oral Medicine, American Academy of Pediatric Dentistry, American Academy of Periodontology, and the American Dental Association under the sponsorship of the Food and Drug Administration (FDA). The chart is being reproduced and distributed to the dental community by Eastman Kodak Company in cooperation with the ADA.